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Washington State  
Department of Ecology



# STATE OF WASHINGTON APPLICATION TO ENTER A WATER RIGHT INTO THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS ONLY TO BE USED FOR THE  
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☐ Lease  
☐ Purchase  
☒ Donation  
☐ Other

Explain: Seasonal Duration

☒ Portion of the identified existing water right

IF FOR SEASONAL OR TEMPORARY, START DATE May 15, 2009  
END DATE October 31, permanently

## FOR OFFICE USE ONLY

FILE No. CS2-SWC 711 WRIA 28

DATE ACCEPTED 12/26/08 BY [signature]

FEE \$ / REC'D / /

CHECK No. /

SEPA: ☐ Exempt ☐ Not exempt

## 1. Applicant Information:

APPLICANT/BUSINESS NAME City of Camas Att. Eric Levison	PHONE NO. 360-817-1563 ext. 4251	FAX NO.
ADDRESS 616 NE 4th Avenue		
CITY Camas	STATE WA	ZIP CODE 98607

CONTACT NAME (IF DIFFERENT FROM ABOVE) Jill Van Hulle Pacific Groundwater Group	PHONE NO. (360) 413-1510	FAX NO.
ADDRESS 3130 60th Loop SE		
CITY Olympia	STATE WA	ZIP CODE 98501

## 2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER SWC 711	RECORDED NAME(S) City of Camas
DO YOU OWN THE RIGHT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

## FOR OFFICE USE ONLY

WATER RIGHT NO. 711 FILE (contract) NO. CS2-SWC 711



3. How is Water to be Made Available for Trust?

<input type="checkbox"/> Alteration in method of diversion	<input type="checkbox"/> Alteration in water use/ irrigated acreage
<input type="checkbox"/> Alteration in method of delivery/conveyance	<input type="checkbox"/> Nonuse of one or more points of diversion
<input type="checkbox"/> Alteration in method of water application	<input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right
<input type="checkbox"/> Alteration in type of crop	<input type="checkbox"/> Other, Explain below:
Name of funding source(s): Ecology Source Replacement Grants	

WATER RIGHT DESCRIPTION \*

4. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Jones Creek		SE	SW	3	2N	4E		

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Domestic Supply	1.0	730	Year-round

B. Proposed Purpose of the Trust Water Right:

DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST:		
PURPOSE OF USE	ACRE-FEET/YR	PERIOD OF USE
Seasonal Instream flow	337	May 15 – Oct. 31

6. Place of Use:

A. Existing:

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Area served by the City of Camas							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Clark		
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: Place of use is service area of the City of Camas							



6. Place of Use (continued)

B. Proposed:

IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED
Jones Creek, and the Little Washougal River, Washougal River, and Columbia River mainstem confluence with Pacific Ocean

7. Remarks and Other Relevant Information:

Multiple water rights are held by the City of Camas as detailed in the City's Water System Plan and Ecology records
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Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

*I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.*

<u>City of Camas</u>	<u>Ehi</u>	<u>12 / 23 / 08</u>
(Applicant)		(Date)
<u>City of Camas</u>	<u>Ehi</u>	<u>12 / 23 / 08</u>
(Water Right Holder)		(Date)
<u>City of Camas</u>	<u>Ehi</u>	<u>12 / 23 / 08</u>
(Land Owner(s) of Existing Place of Use)		(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):	
<input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED	<input type="checkbox"/> SECTION _____ IS INCOMPLETE
<input type="checkbox"/> OTHER/EXPLANATION: _____	
STAFF: _____	DATE: ____ / ____ / ____